Secretary for Health and Family Services Final PDL Selections from Pharmacy and Therapeutics Advisory Committee May 20, 2004

This chart provides a summary of the final PDL selections that were made by the Secretary for Health and Family Services as a result of the Pharmacy and Therapeutics Advisory Committee meeting of May 20, 2004 resulting in recommendations and product supplemental rebate submissions.

	Description of Recommendation	Final PDL Decision
#1	**Oral Narcotic Analgesic Products** 1. All dosages and forms of codeine, oxycodone, and hydrocodone in combination with a non-narcotic analgesic are clinically equivalent in efficacy and safety. 2. All dosages and forms of morphine, meperidine, hydromorphone, fentanyl, oxycodone, levorphanol, and methadone are clinically equivalent in efficacy and safety. 3. The opiate analgesics all carry a significant abuse potential and therefore represent a safety issue that requires the Medicaid program to restrict access to this class of drugs. 4. For the combination agents, continue the recommendations from January 2002 without change. 5. For the single entity agents, continue to require prior authorization. 6. Provide a grandfather clause for medications used to treat chronic pain. 7. For the single entity long acting oral agents (doses once or twice daily) select at least two products that will be preferred based on economic evaluation. 8. All of the preferred products must be utilized before the non-preferred products unless there is a medical contradiction. 9. Place quantity limits, as follows: a. MS Contin, Oramorph, Kadian: #60/30 days (exception: MS Contin 60mg & 200mg: #120/30 days) b. Avinza: #30/30 days c. Levorphanol: #240/30 days d. Oxycontin: #60/30 days e. Actiq: #12/30 days or #24/30 days 10. Recipients in Long Term Care facilities are exempt from prior authorization requirements. 11. For any new chemical entity in the Opiate class require a PA and quantity limit until reviewed by the P&T Advisory Committee.	Recommendations approved PDL Selections *Single entity long acting oral agents* **Avinza** **Kadian**
#2	**Duragesic Patches** 1. Duragesic patches still has a PA but they are included on the PDL with no requirement for trial of long-acting oral agent first. 2. Place quantity limit of #10/30 days. 3. Long-term care facilities are exempt from the PA process for this drug.	Recommendations approved PDL Selections **Duragesic Patches**
#3	**COX-2 Inhibitor and NSAID** 1. Continue previously approved recommendations from January 2003 as listed below: a. Require prior authorization for Celebrex, Vioxx, and Bextra for recipients less than 60 years of age with medical necessity approval based on the presence of one or more additional risk factors for gastrointestinal toxicity. b. Place an electronic age edit of 60 years on Celebrex, Vioxx and Bextra such that claims for members age 60 or greater will process without prior authorization. c. Patients over the age of 60 are recognized to be at increased risk for upper GI toxicity from NSAIDs. d. Limit Vioxx 50mg to a 5 day supply per month (5 tablets) and limit Vioxx 12.5mg and 25mg to 30 tablets per month. e. Limit Celebrex and Bextra to 30 tablets per month. 2. All of the COX-2 inhibitors are considered equivalent in clinical efficacy. 3. Select at least two COX-2 for the PDL based on economic evaluation, which in the committee's opinion are Bextra and Celebrex. **4.** For any new chemical entity in the COX-2 class require a PA and quantity limit until reviewed by the P&T Advisory Committee.	Recommendations approved PDL Selections **Bextra** **Celebrex**

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#4	**Angiotensin Converting Enzyme Inhibitor (ACEI) and Angiotensin II Receptor Blockers (ARB)** 1. All ACE Inhibitors are considered clinically equivalent in efficacy and safety. 2. Include all ACE Inhibitors without any restriction on the PDL. 3. All ARB's are considered clinically equivalent in efficacy and safety. 4. Select at least two (2) branded ARB's to use as preferred with all other ARB's as non-preferred products. 5. For any new chemical entity in the ACEI or ARB class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.	Recommendations approved PDL Selections *ACE Inhibitors* **All ACEI Brand & Generic** *Angiotensin Receptor Blockers (ARB)* **Micardis/Micardis HCT** **Benicar/Benicar HCT** **Avapro/Avalide** **Cozaar/Hyzaar** **Diovan/Diovan HCT**
#5	**Leukotriene Modifiers** 1. Select Singulair and Accolate as the preferred products. 2. Continue to provide Singulair and Accolate to recipients with a diagnosis of Asthma. As a surrogate for the diagnosis, authorization can be granted at the point of sale by electronically checking claim history for use of a short-acting beta agonist, such as albuterol within the past 90 days. 3. Require prior authorization for a diagnosis of allergic rhinitis for Singulair and Accolate. Authorization can be granted if the recipient has a concurrent diagnosis of asthma or continues to be symptomatic after an effective trial of an antihistamine and a nasal corticosteroid, or their use is otherwise not tolerated or medically contraindicated. 4. Place a quantity limit of 60 tablets per 30 days on Accolate and 30 tablets per 30 days on Singulair due to flat pricing of the tablet strengths of these products. 5. For any new chemical entity in the leukotriene inhibitor class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.	Recommendations approved PDL Selections **Singulair** **Accolate**
#6	**Serotonin (5-HT_1) Receptor Agonist** 1. All triptans and all dosage forms are considered to be equivalent. 2. Select at least three (3) branded oral triptans with one of those branded oral triptans to include an alternative delivery system to use as preferred agents based on economic evaluation. 3. Implement a grandfather clause, which allows patients currently on medications not selected as first-line to continue to receive their medication. 4. Require prior authorization for injectable forms after failure of oral agents. 5. Limit the triptans to a quantity limit per month, with overrides requiring prior authorization for additional medication: a. Amerge tab 1mg, 2.5mg; Frova tab 2.5mg; Imitrex tab 25mg,50mg, 100mg – 9 tabs/30 days b. Axert tab 6.25mg, 12.5mg – 6 tabs/30 days c. Imitrex Nasal 5mg, 20mg; Zomig Nasal 5mg – 6 unit dose sprays/30 days d. Imitrex 6mg/0.5ml Injection – 4 injections/30 days e. Maxalt and Maxalt MLT tab 5mg, 10mg; Relpax 20mg, 40mg; Zomig and Zomig ZMT 2.5mg and 5mg tabs – 6 tabs/30 days 6. For any new chemical entity in the triptan class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.	Recommendations approved PDL Selections **Axert Oral** **Maxalt Oral** **Maxalt MLT Oral** **Imitrex Oral** **Imitrex Nasal**